

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 575418

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED <i>w/ART. 19</i>	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15	1			
16				
17				
18				
19				
20				
21				
22				
23				
24	1			
25				
26	1			
27				
28				
29				
30				
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36				
37				
38				
39				
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42				
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44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	3	↓		↓
TOTAL DEP.	23	←	←	←
TOTAL CLAIMS	26	[REDACTED]	[REDACTED]	[REDACTED]

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
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92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.		↓		↓
TOTAL DEP.		←	←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]